

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000062384

Entity Name: ENDFLEX, LLC**Current Principal Place of Business:**4760 NW 128TH STREET
OPA LOCKA(MIAMI), FL 33054**Current Mailing Address:**4760 NW 128TH STREET
OPA LOCKA(MIAMI), FL 33054 US**FEI Number:** 26-3025887**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title MANAGING MEMBER
Name ATS FOOD TECHNOLOGIES INC.
Address 6210 ARDREY KELL RD
 6TH FLOOR
City-State-Zip: CHARLOTTE NC 28277

Title ASST. TREASURER, AUTHORIZED
 REPRESENTATIVE
Name POULIEZOS, BILL
Address 4760 NW 128TH STREET
City-State-Zip: OPA LOCKA(MIAMI) FL 33054

Title SECRETARY, AUTHORIZED
 REPRESENTATIVE
Name LAUDICK, MARK
Address 4760 NW 128TH STREET
City-State-Zip: OPA LOCKA(MIAMI) FL 33054

Title TREASURER, AUTHORIZED
 REPRESENTATIVE
Name ZANDER, W KYLE
Address 4760 NW 128TH STREET
City-State-Zip: OPA LOCKA(MIAMI) FL 33054

Title PRESIDENT, AUTHORIZED
 REPRESENTATIVE
Name PATTEN, JEREMY
Address 4760 NW 128TH STREET
City-State-Zip: OPA LOCKA(MIAMI) FL 33054

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEREMY PATTEN**AUTHORIZED PERSON****05/14/2025**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date